

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Friends of Rahm Emanuel

Full Name (Last, First, Middle Initial)

A. Perlmuter for Congress

Mailing Address 3440 Young Field Street

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Contribution-Federal CandidateCandidate Name
Ed PerlmuterCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: D134729

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Phil Hare for Congress

Mailing Address P.O. Box 4183

City Rock Island State IL Zip Code 61204

Purpose of Disbursement
Contribution-Federal CandidateCandidate Name
Phil HareCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 17

Transaction ID: D135250

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. Stender for Congress

Mailing Address 14 East Green Street

City Woodbridge State NJ Zip Code 07095

Purpose of Disbursement
Contribution-Federal CandidateCandidate Name
Linda StenderCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 7

Transaction ID: D134958

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	2	/	2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)